

FORM  
5

Rev  
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400415604

Date Received:

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☒ Final completion ☐ Preliminary completion

1. OGCC Operator Number: 100322

4. Contact Name: EILEEN ROBERTS

2. Name of Operator: NOBLE ENERGY INC

Phone: (303) 2284330

3. Address: 1625 BROADWAY STE 2200

Fax: (303) 2284286

City: DENVER State: CO Zip: 80202

5. API Number 05-123-34922-00

6. County: WELD

7. Well Name: FIVE M E

Well Number: 21-73-1HN

8. Location: QtrQtr: NWNE Section: 28 Township: 6N Range: 65W Meridian: 6

Footage at surface: Distance: 260 feet Direction: FNL Distance: 1523 feet Direction: FEL

As Drilled Latitude: 40.463960 As Drilled Longitude: -104.664430

GPS Data:

Data of Measurement: 01/08/2012 PDOP Reading: 3.3 GPS Instrument Operator's Name: Paul Tappy

\*\* If directional footage at Top of Prod. Zone Dist.: 778 feet. Direction: FSL Dist.: 1060 feet. Direction: FEL  
Sec: 21 Twp: 6N Rng: 65W

\*\* If directional footage at Bottom Hole Dist.: 535 feet. Direction: FNL Dist.: 1033 feet. Direction: FEL  
Sec: 21 Twp: 6N Rng: 65W

9. Field Name: WATTENBERG

10. Field Number: 90750

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 10/26/2012 13. Date TD: 11/02/2012 14. Date Casing Set or D&A: 11/03/2012

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 11448 TVD\*\* 6936 17 Plug Back Total Depth MD 11431 TVD\*\* 6919

18. Elevations GR 4704 KB 4728

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

CBL  
No other logs sent at this time.

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	24+0/0	16+0/0	42.09	0	124	80	0	124	VISU
SURF	13+3/4	9+5/8	36.00	0	779	357	0	779	VISU
1ST	8+3/4	7+0/0	26.00	0	7,437	590	450	7,437	CALC
1ST LINER	6+0/0	4+1/2	11.60	7326	11,433	0			

### STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

21. Formation log intervals and test zones:

### FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
PIERRE	2,446		<input type="checkbox"/>	<input type="checkbox"/>	
PARKMAN	3,625		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,432		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,936		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,972		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Eileen Roberts

Title: Regulatory Specialist Date: \_\_\_\_\_ Email: eroberts@nobleenergyinc.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400415654	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400415656	Directional Survey **	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400415624	PDF-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400415636	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400415658	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

**User Group**

**Comment**

**Comment Date**

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Total: 0 comment(s)